

**STATE OF MONTANA
RISK MANAGEMENT AND TORT DEFENSE DIVISION
FOSTER CARE POLICY CLAIM FORM**

Claimant Name & Address: _____ Home: () _____

_____ Work: () _____

If Different from Claimant

Foster Parents Name & Address: _____ Home: () _____

_____ Work: () _____

***Note a claim form must be provided for each incident per occurrence, per foster child.**

Name of Foster Child involved in loss:

_____ Age _____ Dates of Care: From _____ To _____

Names of other Foster Children and/or other children/adults in/at Home at the time of the loss: (If foster child, please provide dates of care)

_____	, Age _____	, Relationship: _____	, Dates of Care: From _____	To _____
_____	, Age _____	, Relationship: _____	, Dates of Care: From _____	To _____
_____	, Age _____	, Relationship: _____	, Dates of Care: From _____	To _____
_____	, Age _____	, Relationship: _____	, Dates of Care: From _____	To _____
_____	, Age _____	, Relationship: _____	, Dates of Care: From _____	To _____
_____	, Age _____	, Relationship: _____	, Dates of Care: From _____	To _____

Date and Time of Loss: _____ **Location of Loss:** _____

What supervision was exercised at the time of the loss? _____

Social Worker's

Name and Office: _____ Work: () _____

(PLEASE COMPLETE REVERSE SIDE)

Attach additional pages if needed

Description of Loss: _____

Witness to the incident: _____ Home: () _____
_____ Work: () _____

- *Note:**
- 1) You must first file a claim with your insurance carrier. If the claim is denied you will need to attach a copy of the denial letter to this claim form.**
 - 2) Two (2) estimates for repair/replacement of the damages will be required. However, RMTD may contact an independent adjuster to complete an estimate or do an evaluation of replacement.**
 - 3) You will need to provide pictures of the damages.**
 - 4) Additional information may be required upon review of the claim.**

Claimant's Signature: _____ Date: _____

Please forward the claim form along with the necessary information to:

DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT AND TORT DEFENSE DIVISION
P.O BOX 200124
HELENA, MT 59620-0124

If you have any questions regarding the claim or the claim form, please contact RMTD AT 406-444-2421.